

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

10/527646  
APPLICANT/

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2							52						
3			10				53						
4			10				54						
5			10				55						
6			10				56						
7			10				57						
8			10				58						
9			10				59						
10			10				60						
11			10				61						
12			10				62						
13			10				63						
14			10				64						
15			10				65						
16			10				66						
17			10				67						
18			10				68						
19			10				69						
20			10				70						
21			10				71						
22			10				72						
23			10				73						
24			10				74						
25			10				75						
26			10				76						
27			10				77						
28			10				78						
29			10				79						
30			10				80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	27	↓					TOTAL DEP.	↓					
TOTAL CLAIMS	29	←					TOTAL CLAIMS	←					